

General Relief (GR) Program Guide (PG) Letter 49

October 16, 2008

Subject GR GRANT OF LIEN (11-22 HHSA), GR AND COUNTY MEDICAL SERVICES (CMS) LIEN REQUIREMENTS

Effective Date Upon receipt.

References County Policy.

Purpose The purpose of this SN is to provide:

- a revised GR Grant of Lien form, 11-22 HHSA;
- a revised CMS Grant of Lien form, CMS-122; and
- revised instructions for the GR and CMS Liens.

Background A change in State law requires individuals with certain titles to acknowledge the GR Grant of Lien. The title of Human Services Specialist is not an acceptable title.

Changes Assembly Bill (AB) 886, which went into effect January 1, 2008, changed the language in the Acknowledgement section of the GR Grant of Lien, 11-22 HHSA and CMS-122, CMS Grant of Lien. This language was presented in Memo #08-02. After implementing this change, it was discovered that the title of Human Service Specialist was not an acceptable title to acknowledge the liens. An agreement was reached with the County Clerk to deputize a certain number of Health and Human Services Agency (HHSA) staff as Deputy County Clerks for the express reason of acknowledging GR and CMS Liens.

New Cases The revised 11-22 HHSA, GR Grant of Lien (Attachment A) and CMS-122, CMS Grant of Lien (Attachment B) must be used for all applications effective with the receipt of this letter. The previous versions must no longer be used. The requirements for obtaining the signature on the new lien forms are listed below.

Prior Cases – GR Lien For cases in which a lien was signed between January 1, 2008 and the receipt of this letter, a new lien will must be signed. The Metro and North Coastal Family Resource Centers (FRCs) were previously

instructed to maintain a file of returned liens. When an applicant/recipient contacts the worker or FRC, workers must check the file to see if there is a returned lien on file. The worker must then require the applicant/ recipient to sign a new lien on the current form according to the requirements below.

Prior Cases – CMS Lien

CMS Liens have been suspended since this problem was identified in March 2008. Workers must obtain a CMS Lien for GR recipients when they contact the worker or FRC.

New GR Lien Requirements

The liens are required to be acknowledged by certain individuals (such as a Notary Public or Deputy County Clerk). The County Clerk has agreed to swear some staff as Deputy County Clerks for the purpose of acknowledging these liens only. These individuals are the only ones that can acknowledge the lien. The table below shows the actions that must be taken to obtain a signed and acknowledged lien.

Step	Who	Action
1	Worker	Gives the applicant/recipient the GR Grant of Lien (11-22 HHSA).
2		Requires the individual to complete the 11-22 HHSA without signing it.
3		Refers applicant/recipient to the Deputy County Clerk in the FRC to sign the lien.
4		Informs the applicant/recipient to sign the lien only in the presence of the Deputy County Clerk and that they must have verification of identity with them.
5		Enters Property Description. If none, write "None."
6	Deputy County Clerk	Verifies the identity of the signer using proper identification as defined in GRPG 90-150. This is to acknowledge that the correct person has signed the forms.
7		Requires the applicant/recipient to sign the lien in his/her presence.
8		Completes and signs the Acknowledgement section of the lien.
9		Returns the signed and acknowledged lien to the worker.
10	Worker	Sends original lien to Revenue & Recovery, files a copy in the case file, and gives the applicant/ recipient a copy.

CMS Lien Procedures

The CMS Liens must also be acknowledged by a County Clerk or Notary Public. The table below shows the actions that must be taken for CMS liens.

Step	Who	Action
1	Worker	Gives the applicant/recipient the CMS Grant of Lien (CMS-122) and the CMS Lien Information (CMS-123). If the applicant requires the forms in Spanish give the forms in English and Spanish also giving them the CMS Lien Coversheet (CMS-123A).
2		Requires the individual to complete all forms without signing them. No signature is required on the Spanish CMS-122 and CMS-123 forms.
3		Informs the applicant/recipient that all forms must be signed in front of a Deputy County Clerk and they must have verification of identity with them.
4	Deputy County Clerk	Verifies the identity of the signer using proper identification as defined in GRPG 90-150. This is to acknowledge that the correct person has signed the forms.
5		Requires the applicant/recipient to sign the lien in his/her presence.
6		Completes and signs the Acknowledgement section of the lien and crosses out the words, "Notary Public."
7		Returns the signed and acknowledged lien to the worker.
8	Worker	Sends original signed CMS-122 to central files (O-557A), giving a copy to the applicant/recipient. If the forms were requested and explained in Spanish, gives the Spanish forms to the applicant/recipient along with a copy of the signed English forms and sends the original signed document to central files.

Staff Changes

In the event that a staff member who is sworn as a Deputy County Clerk leaves the FRC or FRC Management chooses to change the designated staff, the FRC Manager or designee must complete a Transmittal to Add/Delete Deputized Workers (HHSA:CMS-89) (Attachment C) and forward it to the Health Care Access (HCA) Program Specialist at Mail Stop O-557E. The HCA Program Specialist will log the change and forward the form to the County Clerk to be

processed.

Forms Impact The revised form 11-22 HHS and CMS-122 have been uploaded into iWay and are available to be ordered. Previous versions must be recycled immediately. The previous versions will not be recorded.

Automation Impact The 11-22 in CalWIN will be updated as soon as possible. Staff will be notified when they can again use the CalWIN version.

Quality Assurance Impact Effective with the December 2008 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this SN.

Summary of Changes The table below shows the changes to the GRPG.

Section	Changes
90-250.7	Revised CMS Lien Procedures.
90-300.14	Revised GR Lien Procedures.
90-300 Appendix F	Revised 11-22.

Manager Approval

ORIGINAL SIGNED BY:

Dann Crawford, Assistant Deputy Director
Medi-Cal, CMS, General Relief and CAPI Program Administration
Strategic Planning and Operational Support

PLEASE COMPLETE THIS INFORMATION.

RECORDING REQUESTED BY:

County of San Diego
Office of Revenue Recovery
625 Broadway
San Diego, CA 92101

AND WHEN RECORDED MAIL TO:

D-60

THIS SPACE FOR RECORDER'S USE ONLY

COUNTY MEDICAL SERVICES (CMS) GRANT OF LIEN
COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

CASE NAME _____ (Last name, First) CASE NO. _____

AKA _____

SPOUSE'S NAME _____ AKA _____

MARITAL STATUS: Never Married Divorced Widowed Married, But Separated Married, Not Separated

In accordance with provisions of law of the State of California, the undersigned hereby grants to the County of San Diego a lien upon any real property in which the undersigned has or holds any right, title or interest, and all other real property in which the undersigned may acquire any right, title or interest in the future, situated in the State of California, or elsewhere, for the amount of all sums of money and the reasonable value of any other property or services heretofore and hereinafter advanced by the County of San Diego for services under the County Medical Services Program from the effective date of your application and all continuous periods of eligibility to: [check applicable box(es)]:

The undersigned or to the spouse

Other person(s), as follows: (Give name and relationship) _____

The lien shall not be enforceable against your home (1) during your lifetime or that of your spouse, or (2) during the minority of your children if they reside in the home, or (3) during the lifetime of any dependent adult child who resides in the home and who is incapable of self-support because of mental or physical disability. If you desire to sell your home against which a lien has been imposed the County shall release its lien against the original home and transfer it to the new home, provided that it finds that its security will not be impaired. If you want to borrow money for the purpose of making improvements to your home, using your home for security, the County shall subordinate its lien to the mortgage or other security interest given for the loan, if the County finds that its security will not be impaired.

Any lien taken by the County for care shall be released immediately when the amount owing the County for that care is paid.

This agreement shall be binding upon the undersigned, his/her successors, heirs and assigns.

I hereby authorize the grantee to append to this instrument a description of any real property located in the State of California or elsewhere of which I am the assessed owner.

Signed _____ Signed _____ Signed _____

AKA _____ AKA _____ AKA _____

Address _____ Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

PROPERTY DESCRIPTION:

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) SS
COUNTY OF SAN DIEGO)

On _____, before me, _____, County Clerk/Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

This is to certify that any interest in real property conveyed by the foregoing Grant of Lien to the County of San Diego, a political corporation and/or governmental agency, is hereby accepted by the undersigned officer or agent on behalf of the County Clerk pursuant to authority conferred by resolution of the Board of Supervisors adopted on February 24, 1970, and the grantee consents to recordation thereby of its duly authorized officer.

By: _____
County Clerk/ Notary Public

Dated: _____



**County of San Diego
County Medical Services (CMS)/General Relief (GR)
Transmittal to Add/Delete Deputized Workers**

Date: _____

To: Assistant Recorder/County Clerk (A-4)

From: Health and Human Services Agency, Strategic Planning and Operational Support
Health Coverage Access Program Specialist II (O-557E)

We are requesting the following staff be added to and/or deleted from the list of Deputized staff.

	Employee Name	ID Number	Office Location	Add/Delete	Effective Date
1					
2					
3					